DOCUMENT RESUME

ED 231 501 PS 013 517

AUTHOR Nyi, Nyi
TITLE UNICEF and New Initiatives in Child Health and Development.
PUB DATE Apr 83
NOTE 17p.; Paper presented at the Biennial Meeting of the Society for Research in Child Development (Detroit, MI, April 21-24, 1983).
PUB TYPE Reports - Descriptive (141) -- Speeches/Conference Papers (150) -- Historical Materials (060)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Child Development; Developing Nations; *Health Programs; History; Nutrition; Program Descriptions; *Program Development; Sanitation; *Social Services
IDENTIFIERS *UNICEF

ABSTRACT

The four sections of this paper outline changes in UNICEF programs from their inception in 1946 to recent initiatives circa 1983. The first section delineates shifts in program emphasis, showing how the organization's focus has moved from meeting the emergency needs of post-World War II European children toward addressing the long-term needs of children in developing countries. The second section points out further changes in program emphasis occurring generally during the period from 1961 to 1975. During that time, UNICEF attempted to to meet children's intellectual, social, and emotional needs. Simultaneously, the organization expanded its advocacy role and increased technical assistance. An attempt was made to meet essential human needs by developing a set of interrelated services, an approach known as the "Basic Services Strategy." Alternative approaches to meeting basic health needs in developing countries were also explored. Recent initiatives described in the document have been made in the following areas: (1) the subnational level, (2) urban basic services, (3) early child development, (4) women's programs, (5) basic education, (6) water and environmental sanitation, (7) nutrition, (8) essential drugs, and (9) household fuels. The fourth section delineates projects focusing on child health, including the provision of growth charts and descriptions of methods for oral rehydration therapy, universal child immunization, and the promotion of breastfeeding and appropriate weaning practices. (RH)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED231501

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

UNICEF AND NEW INITIATIVES IN CHILD HEALTH AND DEVELOPMENT

Nyi Nyi
Director, Programme Development and Planning
UNICEF New York

PS013517

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Nyi Nyi

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

SRCD

The author is grateful to Dr. Arunashree P. Rao for her assistance in preparing this paper.

0141L *April 1983*

INDEX

		Page
I	HISTORICAL DEVELOPMENT	1
II	EVOLUTION OF EMPHASIS	2
III	RECENT INITIATIVES	5
	1. Working at the Sub-national Level	5
	2. Urban Basic Services	5
	3. Early Child Development	6
	4. Women	7
	5. Basic Education	8
	6. Water and Environmental Sanitation	9
	7. Nutrition	10
	8. Essential Drugs	11
	9. Household Fuels	11
IV	POTENTIAL REVOLUTION IN CHILD HEALTH	12

I Historical Development

The United Nations Children's Fund (UNICEF) was created by the United Nations General Assembly in 1946. Its purpose was to assist in the rehabilitation of children and adolescents of countries which were the victims of aggression in the Second World War. In doing so it continued the work of the United Nations Relief and Rehabilitation Agency (UNRRA) focusing on alleviating immediate problems of child health and survival. At the peak of UNICEF operations in Europe, approximately six million children received a daily supplementary meal.

Once its initial operations were underway, UNICEF gradually began to enlarge both the variety and geographic scope of its aid. In 1948, a start was made in helping health and food conservation programmes in Europe as well as in China. Later, this type of assistance was extended to other countries in Asia. In 1948, UNICEF also began providing emergency relief for Palestinian refugee mothers and children, and in the next year began extending aid, mainly for BCG anti-tuberculosis vaccinations, to several countries in the Eastern Mediterranean area and North Africa. Aid to Latin America for feeding and health programmes was first approved in 1949.

As progress was being made in the recovery of agriculture in Europe and as the war-devastated dairy herds were being rebuilt, it became increasingly clear by 1949 and 1950, that UNICEF aid for post-war emergency feeding of children could soon be terminated in some European countries and considerably curtailed in others. With the recovery in Europe, there was an increasing demand that UNICEF give more attention to the needs of children in other parts of the world.

In the early 1950's, UNICEF's mandate was substantially changed by virtue of two U.N. General Assembly resolutions which shifted the organization's focus away from meeting the emergency needs of children in Europe to addressing the long-term needs of children in developing countries. Health

and nutrition were areas of particular concern and UNICEF assistance to national governments, for the most part, took the form of provision of supplies and equipment. In the field of health, maternal and child care, immunization against infectious diseases, prevention of locally endemic diseases, provision of essential drugs, family planning, and water supply and environmental sanitation received priority attention. UNICEF activities in nutrition concentrated on prevention, treatment and rehabilitation of protein energy malnutrition, eradication of goitre and Vitamin A deficiencies, control of nutritional anemia, promotion of breastfeeding and appropriate weaning, promotion of home gardens, and the selective distribution of food among the most vulnerable groups.

II. Evolution of Emphasis

The decisions made by the Executive Board in 1961 had the effect of considerably broadening the scope and increasing the flexibility of UNICEF's approach to children's problems, while at the same time continuing to support the traditional programmes which had proved effective in helping countries. The Board recognized that each country must devise it's own priorities and strategies in meeting the needs of its children. It decided to consider requests for aid relating to whatever problems of children and youth were agreed to be the most important and most ripe for action in a given country, whether or not they fell within a field previously eligible for UNICEF aid. This meant that UNICEF's aid was no longer restricted to a set pattern of activities, most of which were concerned with the physical needs of children. It became available to help with those intellectual, social and emotional needs of children to which governments gave high priority and for which opportunities existed for effective programmes. To more effectively assist governments in incorporating the needs of children into national development plans, UNICEF expanded its advocacy role at both national and international levels and increased its technical assistance in programme planning and implementation.

The midpoint of the United Nations Second Development Decade (1970-1980) was a period of critical importance in the evolution of UNICEF's policies. It had become apparent that the situation of children in many developing countries had deteriorated as a result of world economic conditions combined with natural and man-made disasters.

The interests of the vast majority of women and children in the developing world had been poorly served and the prospects before them remained bleak with continuing denial and deprivation of health protection, adequate nutrition, educational opportunities and social emancipation. It was clear that this situation was likely to continue unless there came about a change in development strategies. In 1975, UNICEF appealed to the General Assembly of the United Nations to consider this situation and to adopt measures necessary for meeting the minimum basic needs of children within underserved communities in the less developed countries. In 1976, the General Assembly endorsed what has come to be known in development parlance as the "Basic Services Strategy".

UNICEF's Basic Services Strategy identifies children and women in underserved communities, both rural and urban, in low-income countries as the priority groups requiring urgent attention. It suggests that the essential human needs of these groups can most effectively be met by developing a set of inter-related services that would include: maternal and child care; family planning and responsible parenthood; provision of safe water supply and sanitation; increased production and consumption of better quality foods; measures to meet basic educational needs; and simple technologies to lighten the daily tasks of women and girls. A significant component of the Basic Services Strategy is its emphasis on the active participation of community members - both men and women - in the planning, implementation and evaluation of programmes.

During the same period, UNICEF, in partnership with WHO, sponsored the International Conference on Primary Health Care at Alma Ata, where alternative approaches to meeting basic health needs in developing countries were explored. At that conference the PHC approach, which is a strategy for making

essential health care available to individuals and families in a community by means acceptable to them, through their full participation, and at a cost that the community and country can afford, was given international recognition. Essential health care is defined as comprising 8 elements: health education, including methods of identifying, preventing and controlling health problems, promotion of food supply and proper nutrition and adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against major infectious diseases; prevention of locally endemic diseases; appropriate treatment of common diseases and injuries; promotion of mental health; and provision of essential drugs. For UNICEF, the PHC approach represents the best way to improve health for all children.

The adoption of the Basic Services Strategy as the most appropriate means of meeting the essential needs of children and women has had important implications for UNICEF's work. It acted to effectively target UNICEF's limited resources to the most disadvantaged children and women in low-income areas of developing countries and it assisted in consolidating programme approaches and broadening UNICEF's activities. UNICEF thus evolved from being primarily a supply agency concerned with child health and nutrition to a developmental agency working in a wide range of areas which impinge on the situation of poor children and women in over 100 countries in the developing world.

UNICEF co-operation in areas of PHC, nutrition, pre-school, primary and non-formal education and water supply and environmental sanitation consists of assistance in all phases of programme and project planning and implementation; financing the training of personnel, especially community-level workers who furnish services relating to the welfare of children and women; and the provision of supplies and equipment.

III Recent Initiatives

1. Working at the Sub-National Level

UNICEF co-operates with governments primarily at the national level. However, in an increasing number of countries, national level co-operation is being complemented by the planning of programmes at the intermediate and local levels. This shift in UNICEF's work is in response to national decisions delegating responsibility for planning and programming at sub-national levels, which indeed are of far-reaching consequences, and UNICEF's efforts to promote new patterns of cost-effective services implemented at the local level and involving greater community participation. The main operational responsibility for services benefiting children in a large country is often at the intermediate level - i.e. the state, province or district, and it is the intermediate levels which can best give technical and logistical support for multisectoral programme approaches such as primary health care and for commmunity participation in planning and management of local services and rural and area development programmes, those in which development support is concentrated on specific under-developed geographic areas.

While UNICEF moves towards co-operation in working with intermediate and local levels, experience also dictates that programmes to be effective have to be multi-sectoral in character and due recognition be given to the synergistic nature of the related programmes, if designed with convergence in view.

2. Urban Basic Services

Much of UNICEF's co-operation in the past concentrated on facilitating the delivery and utilization of basic services in rural areas in developing countries although some small scale efforts were made in urban areas also.

Recently, however, more attention is being paid to the situation of children and women in urban slums and shanty-towns, in view of the growing urbanization in the better-off and middle income developing countries.

The aim of UNICEF's urban basic services collaboration is to support the initiation and development of social programmes benefiting children and women to the point where there is a national approach and broad-based, self-sustaining capacity to carry on with expansion of delivery of community based services in urban areas. Our experience indicates that urban basic services programmes must be cost-effective, given the human and financial resources of the country concerned, administratively feasible, given the national, provincial and municipal capacity, and implementable on a scale that reflects the full scope or size of the low-income urban population. The priority areas for urban basic services are urban malnutrition, women's development activities, pre-school, day care and early childhood development, responsible parenthood and family planning services, support for abandoned and disabled children, and water and sanitation. UNICEF proposes to expand the application of the urban basic services strategy as a community-based programme approach in additional countries, where urban basic services are needed as well as within countries where it is now operational.

3. Early Child Development

The concept of early child development has supplanted the more common but narrower concept of pre-school education. Whereas pre-school education aims at preparing the 3-6 year old child for elementary school, child development is concerned with the total development of the child - physical, intellectual and emotional - from birth to the age the child enters elementary school. Experience indicates the importance of health and nutrition in early child development and the need to look at it in all its facets.

In general, national governments in many developing countries have been slow in designing policies to aid families and communities unable to provide children with all the support needed for their wholesome growth, for reasons of increased poverty, urbanization and migration and increased pressure on mothers to work outside the home. Where programmes for young children exist, they are often modelled after those found in industrialized countries. Such programmes generally require highly trained personnel and costly technology, have a strong orientation toward academic skills and are executed in a

top-down fashion. Thus, they are both too costly to be implemented on a large scale and innappropriate in relation to the needs of children in developing countries. Furthermore, whether the tendency of these programmes is to be favourably biased towards the "elites" is also under serious consideration.

UNICEF is also endeavouring to increase its co-operation in the field of early child development. Our objective is to encourage the design and large-scale implementation of low-cost, community-based interventions to improve child survival and development. Our experience indicates that all forms of interventions in the area of early child development, whether they be informal, non-formal, or formal, should evolve around the resources, socio-economic conditions and cultural traditions of each community. Utilization of the resources of a community entails: the recruitment and training of local personnel; use of the local language, customs and traditions including games and songs; the construction of play and educational items from locally available material by local craftsmen; and the involvement by older siblings, members of youth groups, students, parents and other community members in pedagogical tasks and in the performance of innovative roles vis-a-vis young children.

4. Women

UNICEF has long recognized that the advancement of children is in many ways contingent upon the advancement of women. Our early efforts were mainly concerned with the needs of pregnant and nursing mothers for health services, and then also with skill training for improved child-rearing and home management, including food production and nutrition, and with the schooling of girls. As women's productive roles in the family and community become increasingly recognized the perspective broadened and stress was laid on supporting project components especially benefiting women not only in the fields of nutrition, education and social welfare services but also in helping women assume more active and responsible roles in these services and in community life and betterment.

UNICEF now advocates a broad perception of women in society and in the development process, taking the view that women are not limited to motherhood or domestic roles but should be seen in the totality of their roles as mothers and wives, as economic providers, and as citizens and leaders at all levels. Priority is given in UNICEF programmes of co-operation for low income women to the development of income-generating activities that derive from manufacturing, trading and food production, including training of women in marketable skills and management and making cash grants for credit schemes.

UNICEF also supports the strengthening of social services for women engaged in income-generating activities, such as appropriate technology to lighten the time-consuming and heavy burden of household work, suitable child-care arrangements and the promotion of work environments encouraging women to breastfeed.

5. Basic Education

UNICEF's co-operation in education is geared toward facilitating the provision of educational opportunities for educationally deprived children of primary school age and adolescents who have missed schooling in rural areas and urban slums and shanty towns in developing countries, while at the same time supporting measures to improve the quality and relevance of education provided. Special attention is given to improving and extending the education of girls as UNICEF strongly believes in its benefits e.g. reduction of infant and child mortality, reduction of fertility, etc. To meet the learning needs of children, we advocate a comprehensive approach using both formal and non-formal methods. UNICEF also supports the convergence of schooling and non-formal education in the various fields in which we co-operate such as child health, water and sanitation, nutrition and child care.

Increasing emphasis is being placed on providing all children with a minimum package of basic essential learning. Basic essential needs include: a functional knowledge of reading, writing and working with numbers; a scientific outlook; basic information about health and nutrition; and skills

to earn a living, operate a household, raise a family, and take part in the development and activities of the community. In collaboration with UNESCO, we are now formulating a programme of co-operation action and support for the universalization of literacy and primary-level education, thus facilitating the achievement of the goals of the third Development Decade.

6. Water and Environmental Sanitation

In most developing countries, diarrohea, dysentery and other diseases related to unhygienic conditions constitute a principal cause of infant and child mortality. The vicious cycle of diarrhoeal diseases/malnutrition and infant morbidity/mortality, is closely linked to the lack of safe water in adequate quantities and the corresponding lack of environmental sanitation, including the proper disposal of excreta and other wastes. In 1953, the UNICEF Executive Board, upon recommendation of the UNICEF/WHO Joint Committee on Health Policy, agreed that UNICEF should provide aid for two key elements in environmental sanitation, namely the provision of safe water and the satisfactory disposal of excreta. In successive years, it became clear that the provision of water and sanitation facilities alone were not sufficient to control the incidence of water-borne and water-related diseases. Education of the public in health matters, particularly on personal and food hygiene, as well as community involvement in the planning and maintenance of water and sanitation facilities, including the upkeep of facilities and the establishment of repair and replacement systems, also play a vital role.

UNICEF now supports programmes for water supply and environmental sanitation as a component of PHC within the context of integrated national development plans. The aims of UNICEF's co-operation in this field are, the provision of safe and adequate quantities of potable water within reasonable access from individual households in a community, the promotion of environmental sanitation, especially the disposal of waste water and human waste, and the promotion of health and sanitation education.

7. Nutrition

UNICEF now advocates a nutrition strategy which places strong emphasis on helping communities to learn how to feed themselves adequately and efficiently through the production and use of local foods, increased income, better child feeding practices, improved health, and the efficient utilization of available resources. In other words, current policies emphasize the importance of community participation and decentralized action. Our objective is to mobilize political, financial and technical support for meeting the food and improved health needs of the poor, especially women and young children.

UNICEF and WHO have currently formulated a joint five-year programme to support nutrition activities in developing countries. The major components of this programme are:

(i) To join forces in developing a strong and adequate nutrition component in PHC services in countries where partial or comprehensive PHC services will develop within the next five years. Nutrition activities in PHC will include: protection and promotion of breast-feeding; timely and complementary feeding of children from 6-18 months; monitoring of child growth; treatment and rehabilitation of malnourished children; distribution of supplements such as iron folate and Vitamin A; and better care of pregnant and lactating women;

(ii) To promote the development of an active partnership between the food and agriculture sectors at policy and programme levels so that simultaneous improvement can be achieved in the production and consumption of foods by low-income families;

(iii) To generate and disseminate information relating to policy options, impact, organization and management, by carrying out case studies, modifying and re-orienting on-going projects and experimenting with new techniques; and

(iv) To promote the better use of food aid.

8. Essential Drugs

UNICEF and WHO are jointly engaged in an action programme to support countries in the provision of essential drugs for primary health care. The objective is to ensure the regular supply of the most effective and safe essential drugs at a reasonable cost to all people. This involves strengthening national capacity for formulating and implementing the necessary drug policies and regulations governing the importation, production, distribution and sale of drugs, the use of generic rather than brand name drugs, support to local production of essential drugs, and quality control. The UNICEF/WHO essential drugs programme also provides for the availability of a few basic drugs in sufficient quantities to the least developed countries through multi-and bilaterial donors. These drugs include an antibiotic, anti-malarial, iron and folate for anemia, antihelmintics, aspirin or other analgesic/antipyretics, oral rehydration salts and antibiotic eye ointment. Support for appropriate use of traditional remedies is also included in the policy on essential drugs.

9. Household Fuels

UNICEF's involvement in the area of household fuels is relatively new. Our interest in this field is prompted by the recognition that household fuels for cooking and home heating are a basic survival need, and that the increasing scarcity of fuel wood and other traditional fuels has a serious negative impact on the welfare of poor families. UNICEF's assistance in the area of household fuels focuses on assisting poor families to use wood more efficiently, grow their own fuel and adopt feasible alternative household fuels. This involves a number of related objectives. They are:

(i) To reduce the ardous task of collecting firewood by women and children, especially girls, by increasing the availability of household fuels and increasing the combustion efficiency of traditional fuels;

(ii) To discourage the use of animal dung as fuel by developing alternative sources of fuel;

(iii) To keep the cost of traditional fuels to a minimum so as to encourage the boiling of water for drinking purposes and the preparation of long cooking but highly nutritious legumes and other similar foods;

(iv) To reduce the health hazards of traditional domestic cooking methods such as burns, smoke inhalation and smoke-caused eye irritation, by enclosing burning fuels;

(v) To develop bio-gas plants which use human, animal, domestic and agricultural wastes for the production of methane gas; and

(vi) To reduce the incidence of broncho-pneumonia among infants and children living in cold climates by providing alternative, low-cost home heating fuels.

UNICEF promotes a community-based approach to problem solving embodied in the Basic Services Strategy, as the most effective way of tackling household fuel problems.

UNICEF's new initiatives reflect our on-going exploration with new approaches and programme areas which will enable us to more efficiently and effectively assist countries in meeting the basic human needs of low-income children and women in rural areas and urban slums and shanty towns.

IV Potential Revolution in Child Health

In 1983, in response to a clearly worsening position for the world's children, there is an even more urgent need to search the recent past for ways of strengthening our efforts in order to maintain progress for children even against the headwind of world recession. To this end, UNICEF in recent months has been distilling the lessons of its own 36-year effort to improve the lives of the world's children. At the same time we have been consulting with colleagues in the United Nations family and with outside experts of standing

and practical experience in the field of child health and nutrition. Our overall conclusions from these deliberations is that, as has happened so often in human history, the deepening of the present crisis is now being matched by the arising of new opprotunities on an equal if not greater scale. So much so that UNICEF now believes that the social and scientific breakthroughs of recent years are at this point coming together to put in our hands the means of bringing about a revolution in child health. A serious committment to that revolution by peoples and governments could yet re-accelerate progress for the world's children, slow down the rate of population growth, and reduce child malnutrition and child deaths by at least half before the end of the 1990's. In short we believe that there is new hope in dark times. These views are enunciated by the Executive Director of UNICEF in the State of The World's Children Report 1982-83.

The Report stressed that major new opportunities to intensify actions benefitting children are available even in these darkening times through the combination of newer technologies with the tremendous recent increase in social organization and capacity to reach the majority of people as exemplified by the expansion of PHC facilities, health auxilaries, women's groups, the increasing number of literate mothers and use of communication mechanisms such as transistor radios which have recently become widely available.

In the Report, UNICEF advocates the adoption of four techniques in particular in the broader context of PHC. They are:

(i) The use of growth charts which can make malnutrition visible and thus act as a stimulus and guide to proper feeding of the child;

(ii) Oral rehydration therapy which is the use of oral rehydration salts or if they are not available, a salt and sugar solution to be administered at home, to stop dehydration caused by the draining of the child's body as a result of diarrhoeal infection;

(iii) The promotion and protection of breast-feeding including promotion of appropriate weaning practices, and

(iv) immunization of children against measles, diptheria, tetanus, whooping cough, poliomyelitis and tuberculosis with the more stable and effective vaccines currently available.

These four specific opportunities - growth charts, oral rehydration therapy, universal child immunization and the promotion of breast-feeding - can help solve the malnutrition problem further by improving the use of available food, both in its use by the child's body and in its allocation by the child's family. Where the lack of food itself is a fundamental problem, UNICEF sees land reforms and economic growth which give the poor access to land, jobs, and higher incomes as essential components of a long term solution. In the short term consumer food supplementation, targetted to those most in need, especially undernourished pregnant women and young children, and making available family planning services on a wide scale, probably provide viable answers.

In a world distracted by so many deceptive and dangerous kinds of progress, we refuse to accept that saving the lives and improving the health of the world's children should be abandoned at the first sign of difficulty. If the potential for accelerating reduced mortality and improved health are to be achieved, governments, bilateral donors, international agencies and non-government organizations would each have to attach priority to taking advantage of the new opportunities offered. We believe that if the political will can be found to seize the opportunities now offered by recent social and scientific progress, then the goal of adequate food and health for the vast majority of the world's underserved children can be achieved.